

<b>REVOCATION OF POWER OF ATTORNEY</b>	Docket No. K0004/7006
Applicant: Wolfgang Dinkelacker Serial No: 10/552,229 Filed: October 7, 2005 For: JAW IMPLANT Examiner: S. K. Singh Art Unit: 3732	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Revocation and Power**

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint the practitioners listed under

**64967**

as my/our attorneys to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

**Correspondence Address**

- ☒ Please change the correspondence address for the above-identified application to the address of the above-identified Customer Number 64967.

I am the:

- ☒ Applicant.  
☐ Assignee of record of the entire interest.  
A certificate under 37 CFR 3.73(b) is enclosed

**Signature of Applicant or Assignee of Record**

Signature

Name

Date

  
Wolfgang Dinkelacker

26 JUNI 2008